

Before/After School Enrichment

Pershing Elementary School, 6402 Judson St.

For Students in kindergarten through 5th grade
BSE 6:45 a.m. – 8:10 a.m.
ASE 2:53 p.m. – 6:00 p.m.

**Homework Time, Snacks, Arts & Crafts, Sports,
Games, Math, Reading, Movies, Field Trips,
Social Skills and a Great Time Every Day**

- Before School Enrichment \$65.00 per session
- After School Enrichment \$100.00 Per Session
- Register For Both Programs at a Discounted Rate of \$150.00 Per session
- Sliding Fee: (Consideration based on income and size of household) Sliding fee forms are available from the CLC office in the school. Program is approved for TITLE XX
- Payment for first session must accompany completed registration form. You may register for any and all sessions now. Indicate which sessions you want your child to attend. Payment for later sessions is required BEFORE the first day of the session

Session Dates	Payment Due
#1 August 28 – September 22	At registration
#2 September 25 – October 20	Friday, September 22
#3 October 23 – November 22	Friday, October 20
#4 November 28 – December 22	Friday, November 17
#5 January 3 – February 2	Friday, December 22
#6 February 5 – March 2	Friday, February 2
#7 March 6 – April 5	Friday, March 2
#8 April 10 – May 4	Friday, April 6
#9 May 7 – June 6	Friday, May 4



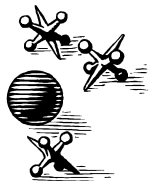
Register Early! We reserve the Right to limit the number of registrations

For More Information Call **441-7952**

Register By Mail or bring it in to:

Playground Office
F Street Community Center
1225 F ST
Lincoln, NE 68508

Make Checks payable to: Lincoln Parks & Recreation



2006 – 2007 BSE / ASE Registration

Participant's Name Grade Completed Birthdate

Address Zip

Name of Parents / Guardian

Day Phone (name of person at Day Phone) Evening Phone

Another Person to contact in case of emergency Phone

For and in consideration, the undersigned parent(s) or guardian(s) of the participant in the Pershing CLC Program, I / We agree to assume the full risk of any injuries, including death, or loss which the undersigned or minor child / ward may sustain as a result of participating in any and all activities connected with or associated with such program.

I / We do hereby declare that I / we waive all claims of whatsoever kind or nature against the City of Lincoln and the Parks and Recreation Department, it's officials, officers, agents, employees and volunteers from any and all claims arising from injuries, including death, damage or loss which I / we or my minor child or ward may incur or may accrue to me or my minor child or ward on account of participation in the activities of this program.

I / We further agree to indemnify and hold harmless and defend the City of Lincoln and the Parks and Recreation Department, it's officials, officers, agents, employees and volunteers from any and all claims arising from injuries, including death, damages and losses sustained by the undersigned or my minor child or ward or arising out of this program

I / We have read and understand the above Waiver and Release of All Claims and understand the effect of the relinquishment of the rights hereby waived.

Signature of Parent / Guardian Relationship Date

	BSE	ASE	Both		BSE	ASE	Both
Session 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Session 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Session 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Session 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Session 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Amount enclosed \$ _____ Check # _____ Receipt # _____

Medical Permission: In the event of an emergency, I authorize Parks and Recreation officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Signature of Parent / Guardian Relationship Date



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You may also pay by credit card

